Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/30/10	Address:	72833 C. <u>R. 29</u>
Case #:	24F32048		Syracuse, IN
County:	<u>Fikhart</u>		<u>46567</u>
Type of Laboratory Scizure (check one) Seizure Location (check all that apply)			
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) ☑ Lithium/Ammonia Reaction(s): Side of roadway			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: _			
Water Reactive Metal (Lithium): Side of Roadway			
Anhydrous Ammonia: Side of Roadway			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base: Side of Roadway			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/M	<u>e Information</u> le/Pseudoephodrine Tracking Log erchant Tip <u>ll from other agency</u>
This report is to be faxed to the following agencies that serve the location:			
	ment: Syracuse / Turkey Creek eartment: Elkhart Co.	Fax: <u>574-4</u> Fax: <u>(574)</u>	
•	setion Service: n/a	Fax: ŋ/a	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Keith Bikowski Phone 574-546-4900			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.